

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Vote!		FEC IDENTIFICATION NUMBER ▼ C C00473918																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee Precision Network, LLC			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>10</td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>03</td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>2016</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			10						03						2016											
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%"> <tr><td>766444.33</td></tr> </table>	766444.33
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(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; width:100%"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%"> <tr><td></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Fines, Caroline, , ,

[Electronically Filed]

Date

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2016					

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Vote!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Priorities USA			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016		
Mailing Address 601 13th St NW Ste 610N			Amount 2500.00		
City Washington	State DC	Zip Code 20005-3807	Transaction ID : VN7A7A4FZ17		
Purpose of Expenditure Media Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Clinton, Hillary Rodham, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00		
Calendar Year-To-Date Per Election for Office Sought		4813262.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	768944.33

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Fines, Caroline, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature